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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number			To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR N			NUMBER FI	LED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A			N/A		1	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A]	N/A		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A		N/A			N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•		П	x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *					x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$	If the specification and drawin sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fractio 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL		
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	10/21/2009	CLAIMS REMAINING AFTER AMENDMENT	r	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 9	Minus	 20		= 0	П	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1,16(h))	• 2	Minus	3		= 0	П	x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column		(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHES NUMBE PREVIOU PAID FO	R JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus			=	П	x \$ =		OR	x \$ =		
	Independent (37 CFR 1,16(h))		Minus	***		=	П	x \$ =		OR	x \$ =		
蕌	Application Size Fee (37 CFR 1.16(s))						П			1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
Γ							• '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 16	If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the "Highest Annubre Previously Part or IN THIS SPACE is less than 30, enter "20". If the "Highest Number Previously Part or IN THIS SPACE is less than 3, enter "3". MINNIE JACKSON' The "Highest Number Previously Part or IN THIS SPACE is less than 3, enter "3". MINNIE JACKSON' The "Highest Number Previously Part or IN THIS SPACE is less than 3, enter "3". MINNIE JACKSON' HIN "HIN "HIN "HIN "HIN "HIN "HIN "HIN "												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life list of the processory and application. Confidentiality is ownered by 80 Sec. 72 and 37 CER. 1.14. This collection is estimated to take 92 annuals to complete a position form to the USPTO. I me well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations for motioning this burdon, should be sent to the CERT information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.